

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-018905
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

CLAIMS

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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